

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/		/				51		
2	/		/				52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
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25							75		
26							76		
27							77		
28	/						78		
29							79		
30							80		
31							81		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	/		2				TOTAL IND.		
TOTAL DEP.	/		—	—			TOTAL DEP.		
TOTAL CLAIMS	2		2				TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS